PTO/SB/17 (10-08)
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Constitution of the repetition reduction Act of 1995 the persons are required to re	espond to a collection of info	mnation unless it displays a v
Effective on 12/08/2004.		Complete if Known
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/511,130
FEE TRANSMITTAL	Filing Date	Oatobox 12 2004

FEE IRANSWILLAL	Filing Date	October 13, 2004
For FY 2009	First Named Inventor	BERNARD CONNOLLY
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Hutson, Richard G
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1652
TOTAL AMOUNT OF PAYMENT (\$) 2.350.00	Attornov Docket No.	067074 0210922

TOTAL AMOUNT OF PAY	MENT (\$)	2,350.00		Attorney Docket	: No. 067	074-031083	2		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
under 37 CF WARNING: Information on the information and authorization	additional fee(s) R 1.16 and 1.17 is form may become n on PTO-2038.			21 0.00	any overpay		rovide credit card		
FEE CALCULATION									
1. BASIC FILING, SEA	FILING FEI Sma			CH FEES Small Entity		TION FEES			
Application Type		ee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees Paid (\$)		
Utility		65	540	270	220	110	-		
Design	220 1	10	100	50	140	70			
Plant	220 1	10	330	165	170	85			
Reissue	330 1	65	540	270	650	325	<u></u>		
Provisional	220 1	10	0	0	0	0	-		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Small Entity Fee (\$) Fee (\$) 26 210 110 390 195									
Total Claims - 20 or HP =	Extra Claims	<u>Fee (\$)</u> x	<u> </u>	Paid (\$)		Fee (\$)	ependent Claims Fee Paid (\$)		
HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep.	al claims paid for, if Extra Claims appendent claims pa	greater than 20. Fee (\$)	=	Paid (\$)					
3. APPLICATION SIZE If the specification and listings under 37 C sheets or fraction t Total Sheets - 100 =	d drawings exc CFR 1.52(e)), the hereof. See 35 Extra Sheets	e application U.S.C. 41(a)	size fee	due is \$270 (\$	135 for sm 6(s). or fraction th	all entity) for ereof Fee	each additional 50 (\$) Fee Paid (\$)		
4. OTHER FEE(S) Non-English Specif		-	•	•			Fees Paid (\$)		
Other (e.g., late filir	ng surcharge):_l	Petition for F	ive-M	onth Extensio	n of Time		2.350.00		

SUBMITTED BY	7	1	/1				
Signature	(1	W	01	Registration No. (Attomey/Agent)	56,817	Telephone	213.488.7238
Name (Print/Type)	Carolyn S. Lu		<i>/</i> ·			Date J	une 15, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No.	067074-0310832				

METHOD OF PAYMENT (check all that apply)								
Check Credit		Money Order	None	Other (please identify):		
X Deposit Account Deposit Account Number: 033975 Deposit Account Name: PILLSBURY WINTHROP SHAW PITTMAN LLP								
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X Charge fee(s	X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
X Charge any a under 37 CFF WARNING: Information on this information and authorization	R 1.16 and 1 s form may b	ecome public. Credi	·	71 0100	it any overpay		ovide credit card	
FEE CALCULATION								
1. BASIC FILING, SEAF	FILING		SEARC	H FEES		TION FEES		
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Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEE	_					Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (i Each independent cla			uac)			52 220	26 110	
Multiple dependent c		including Keissu	168)			390	195	
Total Claims	Extra Clair	ns <u>Fee (\$)</u>	Fee Pa	nid (\$)			pendent Claims	
- 20 or HP =		_ x	=			Fee (\$)	Fee Paid (\$)	
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HP = highest number of indep	endent claims	paid for, if greater th	an 3.					
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listings under 37 CF								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x 270.00 = = 0.00								
4. OTHER FEE(S) Non-English Specific	ation, \$1	30 fee (no small	entity dis	count)			Fees Paid (\$)	
Other (e.g., late filing	surcharge): Petition for F	ive-Mon	th Extension	n of Time		2,350.00	

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